

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-030118**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **945**

**FILED AUG 27 1962**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
Length of stay in 1b <b>42 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>3302 So. Belt Highway</b>	
3. NAME OF DECEASED (Type or print) First <b>LEO</b> Middle <b>ROBERTS</b> Last <b>ROBERTS</b>		4. DATE OF DEATH Month <b>August</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-15-1903</b>
9. AGE (last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurseryman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Robert's Nursery</b>	
11. BIRTHPLACE (City and state or country) <b>Willard, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lenny Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Garrison</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Wilma Roberts</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Wife</b> Address <b>Mrs. Wilma Roberts 3302 So. Belt Highway</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unattended Death - Apparently</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>Natural Causes. Investigated</b> DUE TO (c) <b>by City Health Department</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>10:30 A.M.</b> to <b>10:30 A.M.</b> and last saw him alive on <b>8-21-62</b>			
22a. SIGNATURE <b>Robert W. Kiebert, M.D.</b> (Degree or title) <b>City Health Officer</b>		22b. ADDRESS <b>St. Joseph, Mo</b>	
22c. DATE SIGNED <b>8-21-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Aug 21, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Joseph</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman</b> ADDRESS <b>St. Joseph, Mo.</b>		25. DATE REC'D. BY LOCAL REG. <b>Aug 22, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>			

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued 8/20/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eric J. Anthony

Licensed Embalmer No. 4679

P. O. Address. St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.